

## AIRPORT LICENSE AGREEMENT

THIS LICENSING AGREEMENT made and entered into between the CITY OF NEWPORT, an Oregon municipal corporation, hereinafter "CITY", and HOLLY NEHLS and Konect Aviation Oregon, LLC, hereinafter Licensee, witnesseth:

WHEREAS, the CITY owns and operates an airport in Newport, Oregon, known as the Newport Municipal Airport; and

WHEREAS, Licensee operates air tours and desires to operate such air tours from the Newport Municipal Airport; and

WHEREAS, Licensee desires to utilize in its operations certain features and fixtures at said municipal airport; and

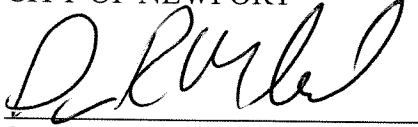
WHEREAS, CITY and Licensee deem it advantageous to both parties to enter into this non-exclusive license agreement; it is therefore agreed as follows:

1. PREMISES. Licensee is granted a non-exclusive license to conduct its business at designated locations on site at the airport, identified and circumscribed by the Airport Director. The usage area shall include use of a "tie-down" area and the "main hangar". Said site is to be utilized for sight-seeing and air tours from the municipal airport consistent with all applicable federal, state and local laws, regulations and rules.
2. AIRCRAFT SPACE. Licensee shall have the right in conducting its operations to park and/or store aircraft at location(s) identified and approved by the Airport Director. Use of any other hangar on the premises is not within the scope of this license agreement.
3. SIGNAGE. Licensee shall have the right to locate and erect signage, including 'sandwich-board signs, on site at locations and under the conditions approved by the Airport Director. Such signage shall be consistent with all applicable City of Newport regulations and ordinances.
4. MAINTAINANCE. Licensee shall maintain the areas subject to its use in a clean and orderly manner. Licensee is responsible to insure that trash, garbage and other refuse shall be disposed of in an acceptable manner and shall not be allowed to accumulate on or in the usage area.
5. USAGE. Licensee shall be allowed use of the FBO, including the restroom facility on-site, in connection with its air tour operations.
6. TERM. The term of this license shall be month-to-month and shall begin on the date of its execution by both parties. Either party may terminate this license agreement upon 30 days written notice delivered to the other party. Upon termination of this license agreement, Licensee acknowledges that it shall have no further right, claim, or interest in any part of the Airport premises, and agrees to surrender the premises in good order

7. RENTAL. Licensee shall pay CITY, in advance, the sum of \$30.00 per month for use of the “tie-down” and \$50.00 per month for use of the “main-hangar,” plus \$15.00 per night for each night Licensee aircraft is housed in the “main hangar” area. Licensee shall receive an invoice identifying monthly charges related to the overnight charges for its aircraft housed in the “main hangar.” In no event shall charges to Licensee exceed \$240.00 per month.\_
8. INSURANCE. Licensee shall provide and maintain aircraft liability insurance coverage for each occurrence in the amounts of \$1,000,000, and general liability coverage of \$2,000,000. Licensee shall provide a copy of the insurance certificate showing the insurance coverage of Licensee and shall include a 30-day notice of cancellation clause to be provided to CITY.
9. DAMAGES. Licensee shall be liable for any and all damage to the premises and property of third-parties located in the main-hangar attributable to or arising from Licensee operations at the Newport Municipal Airport.
10. INDEMNITY. Licensee agrees to indemnify and hold harmless CITY from all suits, claims, demands, damages, and actions of any kind and nature by reason of any and all of its operations, and does hereby agree to assume all risk in the operation of its business and shall be solely responsible for all damages for any and all accidents or injuries to persons or property; excepting only those damages resulting exclusively from the gross negligence or willful misconduct of the CITY.
11. INGRESS AND EGRESS. Subject to all regulations governing the use of the premises and directives of the Airport Director, Licensee shall have the non-exclusive right of ingress and egress from the license area for air-tours during the term of this license agreement. Daily operations which are required for preparation and termination of the daily air tours may be conducted before or after day-light hours.
12. OPERATING HOURS. Licensee shall post operating hours for the convenience of the public at locations and in areas approved by the Airport Manager.
13. NONDISCRIMINATION. Licensee shall not discriminate on the basis of any protected classification against any persons in the provision of its air tour services.
14. DEFAULT. In the event that Licensee shall fail to fulfill and comply with the terms of this license agreement, or the instructions and directions of the Airport Director, said agreement shall be subject to immediate termination by CITY after providing Notice of said termination delivered physically to Licensee at the Newport Municipal Airport or after 24 hours Notice by email to Licensee at [konect-aviation.com].
15. INDEPENDENT CONTRACTOR. Nothing contained in this license agreement shall be construed as creating or establishing between Licensee and CITY any agency or employment relationship. Licensee shall be required to obtain any and all permits,

authorizations and licenses, including CITY business license, before engaging in any operations on the airport premises. Licensee further agrees to pay all applicable taxes when due and to obtain and retain Workers Compensation insurance coverage where required by law.

CITY OF NEWPORT

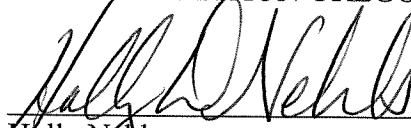


Spencer R. Nebel  
City Manager

7/8/16

Date

KONECT AVIATION OREGON, LCC

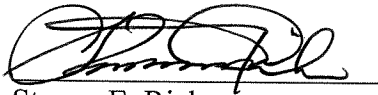


Holly Neils  
Owner and General Manager

6/29/2016

Date

Approved As To Form



Steven E. Rich  
City Attorney



# CITY OF NEWPORT

## APPLICATION FOR BUSINESS LICENSE

City Hall, 169 SW Coast Hwy., Newport Oregon 97365

Business Name: Konect Aviation Oregon, LLC

Business Location: Newport Municipal Airport

Mailing Address: 4040 SE Cirrus Ave. McMinnville, OR 97128

Nature of Business: Aerial Scenic Tours

Type of Business (V one): ☐ Home Occupation\* ☐ Vacation Rental/B'n'B\* ☐ Sidewalk Sales\* ☐ Taxi  
☐ Parking District ☐ Special Event ☐ Medical Marijuana Facility ☒ N/A

Number of Employees\*\*: 8 Business Phone: (503) 376-0190 Business email: mail@konect-aviation.com

Oregon Contractors Board License ID\* N/A Expiration Date: \_\_\_\_\_

Manager or Property Owner: Lance Vanderbeck Phone Number: (541) 567-7422

Address KONP 135 SE 84th St. South Beach, OR 97366

Owner/CEO: Holly D. Nehls D.O.B. 12/25/1976 DL #: 5522155

Home Address (PO Box not valid): 1186 SW Marie Drive, McMinnville, OR 97128

Home Telephone: (503) 368-0214 Cell Phone: (971) 279-0607 Email: hollynehls@konect-aviation.com

**Applicant's failure to supply required information, or the applicant's submission of false or misleading information, is grounds for denying or suspending the license.**

*I hereby affirm that the above information is true to the best of my knowledge and belief:*

Signature and Title Holly D. Nehls Date 06/28/2016

You are hereby notified that, even after payment of the fee, planning department approval must be obtained before operating at any given location within the city. All ordinances of the City, including fire, planning and building must be complied with, in addition to any taxes or fees paid for the privilege of conducting a business within the city limits of Newport, Oregon.

### \*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\*

City of Newport Business Control # \_\_\_\_\_

Standard Industrial Classification (SIC) # \_\_\_\_\_

City of Newport Business License # \_\_\_\_\_

Department	Class Code	Signature/Title	Date	Business Application Fee	\$25.00
Zoning				Business License Annual Fee	\$95.00
Building Code				Surcharges and Endorsements	
Fire Code				Parking District Surcharge	
Public Works				Sidewalk	
Police				TOTAL	

\* If applicable, additional forms may be required

\*\* Only those who work within City limits (including owner(s))

Revised 8/5/14



# CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IOA Northeast 6745 Rangewood Drive, Suite 200 Colorado Springs, CO 80918	CONTACT NAME: IOA Northeast		
	PHONE (A/C, No, Ext): 719-264-9600 FAX (A/C, No): 719-623-1643		
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:		
INSURED Konect Aviation Oregon, LLC 4040 SE Cirrus Avenue, Suite 3 McMinnville OR 97128	INSURER(S) AFFORDING COVERAGE	%	NAIC #
	INSURER A: StarNet Insurance Company	100	40045
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**AIRPORT & FBO LIABILITY COVERAGES**

CERTIFICATE NUMBER: 30658777

REVISION NUMBER:

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
A	BA-16-02-00230	2/20/2016	2/20/2017	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
PREMISES LIABILITY	<input checked="" type="checkbox"/>	\$ 2,000,000	BI EA PER EA OCC	\$	PD
PREMISES MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	\$ 1,000	EA PER	\$	EA OCC
PRODUCTS LIABILITY	SALE OF FUEL & OIL <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/>	\$ 1,000,000	BI EA PER EA OCC	\$ 1,000,000	AGGR
COMPLETED OPERATIONS LIABILITY	EXTENDED <input type="checkbox"/> <input checked="" type="checkbox"/>	\$ 1,000,000	BI EA PER EA OCC	\$ 1,000,000	AGGR
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI <input type="checkbox"/> IN FLIGHT <input checked="" type="checkbox"/>	\$ 100,000	EA AIRCRAFT	\$ 100,000	EA OCC
FIRE LEGAL LIABILITY	<input checked="" type="checkbox"/>	\$ 50,000	ANY ONE FIRE		
PERSONAL INJURY LIABILITY	<input checked="" type="checkbox"/>	\$ 1,000,000	EA OCC	\$ 1,000,000	AGGR
ADVERTISING LIABILITY	<input checked="" type="checkbox"/>	\$ 1,000,000	EA OCC	\$ 1,000,000	AGGR
CONTRACTUAL LIABILITY	<input checked="" type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED				
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION				
	GENERAL AGG <input checked="" type="checkbox"/>	\$ 2,000,000	ANN AGGR	\$	
	(Other than Products)	\$		\$	
	Completed Ops)	\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**City of Newport  
169 SW Coast Hwy  
Newport OR 97365

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Zach Boukram

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ACORD 20 (2016/03)

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## PRIVATE HANGAR LIABILITY COVERAGES

PRODUCER CUSTOMER ID: \_\_\_\_\_

INSURER LETTER		POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
HANGARKEEPERS LEGAL LIABILITY		INCLUDING TAXI IN FLIGHT		\$		EA AIRCRAFT		\$		EA OCC	
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
CODE	DESCRIPTION			\$				\$			
				\$				\$			

## AVIATION PRODUCTS LIABILITY COVERAGES

INSURER LETTER		POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
PRODUCTS LIABILITY		INCL COMP OPS EXCL COMP OPS		INCL SPACECRAFT EXCL SPACECRAFT		\$		EA OCC		\$	
GROUNDING LIABILITY						\$		EA OCC		\$	
FOREIGN MILITARY AIRCRAFT PRODUCTS		INCLUDED									
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
CODE	DESCRIPTION			\$				\$			
				\$				\$			

## OTHER COVERAGES

LINE OF BUSINESS											
INSURER LETTER		POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
CODE	DESCRIPTION			\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			

## OTHER COVERAGES

LINE OF BUSINESS											
INSURER LETTER		POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS		LIMIT		APPLIES TO		LIMIT		APPLIES TO	
CODE	DESCRIPTION			\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			
				\$				\$			

ACORD 20 (2016/03)

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY IOA Northeast		NAMED INSURED Konect Aviation Oregon, LLC 4040 SE Cirrus Avenue, Suite 3 McMinnville OR 97128	
POLICY NUMBER BA-16-02-00230		EFFECTIVE DATE: 2/20/2016	
CARRIER StarNet Insurance Company	NAIC CODE 40045		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 20      FORM TITLE: Certificate of Aviation Liability (03/16)

HOLDER: City of Newport

ADDRESS: 169 SW Coast Hwy Newport OR 97365

Additional Insured Provision: Tenant: It is agreed that the Certificate Holder is included as an Additional Insured, but only to the extent of liability imposed upon the Additional Insured solely as the result of an act or omission of the Named Insured or its employees in connection with the Named Insured's Aviation operations, subject to all policy terms, conditions and exclusions. Aviation general liability shall apply to an occurrence arising out of the aviation operations or maintenance or use of the premises, but excluding any occurrence which take place after the Named Insured ceases to be a tenant; and excluding all losses resulting from Certificate Holder's structural alteration, new construction or demolition operations; and excluding all losses resulting from Certificate Holders' failure to provide health care services.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which the Certificate may be issued or may pertain, the Insurance afforded by the policy(ies) described herein is subject to all the terms, conditions, limits and exclusions of such policy.

The Company has made the provision to give the Certificate Holder prompt notice of cancellation of any policy above. But, the Company assumes no responsibility for failure to provide such notice. This Certificate does not change in any way the actual coverages provided by the policy(ies) specified above.



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

6/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> IOA Northeast 6745 Rangewood Drive, Suite 200 Colorado Springs, CO 80918	<b>CONTACT NAME:</b> IOA Northeast		
	<b>PHONE (A/C, No, Ext):</b> 719-264-9600	<b>FAX (A/C, No):</b> 719-623-1643	
<b>INSURED</b> Konect Aviation Oregon, LLC 4040 SE Cirrus Avenue, Suite 3 McMinnville OR 97128	<b>E-MAIL ADDRESS:</b>		
	<b>PRODUCER CUSTOMER ID #:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		
	<b>INSURER A:</b> StarNet Insurance Company	<b>%</b>	<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
<b>INSURER E:</b>			
<b>INSURER F:</b>			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<b>POLICY INFORMATION</b>		<b>CERTIFICATE NUMBER:</b> 30658764		<b>REVISION NUMBER:</b>	
<b>POLICY TYPE</b>		<b>LINE OF BUSINESS SUBCODE</b>			
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS <input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET	<input type="checkbox"/> EXCESS <input type="checkbox"/> QUOTA SHARE
<input type="checkbox"/> NON-OWNED	<input checked="" type="checkbox"/> Instruction & Rental	<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY	

<b>AIRCRAFT INFORMATION</b>		<b>ACORD 333, Aircraft Schedule attached</b>			
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NUMBER</b>	<b>REGISTRATION NUMBER</b>	
	SEE BELOW			SEE BELOW	
<b>TERRITORY:</b> United States of America, Canada, Bahamas Islands, Caribbean Islands or Mexico or while being transported through parts thereof.					

<b>AIRCRAFT COVERAGES</b>					
<b>INSURER LETTER</b> A	<b>POLICY NUMBER</b> BA-16-02-00229	<b>EFFECTIVE DATE</b> 2/20/2016	<b>EXPIRATION DATE</b> 2/20/2017	<b>ADDITIONAL INSURED? (Y / N)</b> Y	<b>SUBROGATION WAIVED? (Y / N)</b> N
<b>COVERAGE</b>	<b>OPTIONS</b>	<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
AIRCRAFT HULL		\$ SEE BELOW		\$	
AIRCRAFT LIABILITY		\$ SEE BELOW	EA OCC EA PASS	\$	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ \$1,000	EA PER		
<b>COVERAGE</b>	<b>OPTIONS</b>	<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>CODE</b>	<b>DESCRIPTION</b>				
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

**DESCRIPTION OF OPERATIONS / REMARKS** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Newport 169 SW Coast Hwy Newport OR 97365	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Zach Boukram

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**CERTIFICATE OF INSURANCE**  
**ADDENDUM (Schedule of Aircraft)**

DATE ISSUED  
6/29/2016

**NAMED INSURED:**

Konect Aviation Oregon, LLC  
4040 SE Cirrus Avenue, Suite 3  
McMinnville OR 97128

**CERTIFICATE HOLDER:**

City of Newport  
169 SW Coast Hwy  
Newport OR 97365

This is to certify that the following policy(s), subject to the terms, conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s), the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

N Number	Year	Make	Model	Serial No.	Crew	Pax	Hull Value	Liability Limit
N11261	1974	Cessna	150		1	1	\$11,215.00	\$1MIL/\$100K
N20270	1972	Cessna	172		1	3	\$17,500.00	\$1MIL/\$100K
N441KA	2004	Robinson	R44		1	3	\$280,000.00	\$1MIL/\$100K
N9050P	1966	Piper	PA-24-260C		1	3	\$43,640.00	\$1MIL/\$100K

IOA Northeast  
6745 Rangewood Drive, Suite 200  
Colorado Springs, CO 80918

719-264-9600  
719-623-1643

AVIATION ADDENDUM (Schedule of Aircraft)

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> IOA Northeast		<b>NAMED INSURED</b> Konect Aviation Oregon, LLC 4040 SE Cirrus Avenue, Suite 3 McMinnville OR 97128	
<b>POLICY NUMBER</b> BA-16-02-00229		<b>EFFECTIVE DATE:</b> 2/20/2016	
<b>CARRIER</b> StarNet Insurance Company	<b>NAIC CODE</b> 40045		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 21      **FORM TITLE:** Certificate of Aircraft (03/16)

**HOLDER:** City of Newport

**ADDRESS:** 169 SW Coast Hwy Newport OR 97365

Additional Insured Provision: Tenant: It is agreed that the Certificate Holder is included as an Additional Insured under Aircraft Liability Coverages, but only as respects to the operations of the Named Insured, and only to the extent and scope of insurance coverages afforded to the Named Insured. Aircraft Liability shall apply to an Occurrence arising out of the aviation operations or maintenance or use of the Premises in or upon which the Aircraft is stored, but excluding any Occurrence which take place after the Named Insured ceases to be a tenant; and excluding all Losses resulting from Additional Insured's structural alteration, new construction or demolition operations; and excluding all Losses resulting from Additional Insured's failure to provide health care services.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which the Certificate may be issued or may pertain, the Insurance afforded by the policy(ies) described herein is subject to all the terms, conditions, limits and exclusions of such policy.

The Company has made the provision to give the Certificate Holder prompt notice of cancellation of any policy above. But, the Company assumes no responsibility for failure to provide such notice. This Certificate does not change in any way the actual coverages provided by the policy(ies) specified above.